

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2012 NOV 27 AM 8:01

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4MS
FEC MAIL CENTER

THE COMMITTEE TO ELECT KEVIN GLOVER

ADDRESS (number and street)

(Check if address
is changed)

P O BOX 11

BENZONIA

CITY ▲

MI

STATE ▲

49616

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

KPATRICKGLOVER@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

11 / 07 / 2012

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

✓

NEW (N)

OR

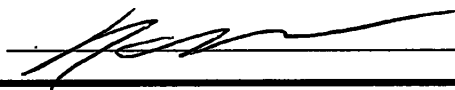
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kevin Glover

Signature of Treasurer



Date

11 / 20 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

12030954559

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

KEVIN GLOVER

Candidate

Party Affiliation

DEM

Office

Sought:

☒

House

Senate

President

State

MI

District

D1

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

12030954560

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address[illegible]

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KEVIN GLOVER

Mailing Address

P O B O X 185

FRANK FORT

141

14, 9, 6, 3, 5

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 231 - 871 - 1560

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

**Full Name
of Treasurer**

|K|E|V|I|N| |G|L|O|V|E|R|

Mailing Address

190 Box 185

FRANKFORT

141

14, 9, 6, 3, 5

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 231-871-1560

1205051

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐

Hand Delivered

Date of Receipt

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USPS First Class Mail

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USPS Priority Mail

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Delivery Confirmation™ or Signature Confirmation™ Label

☐☐

USPS Express Mail

Postmarked

☐

Postmark Illegible

☐

No Postmark

☐

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

Yup

PREPARER

(3/2005)

11/27/12

DATE PREPARED

12030954563